

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/501813 FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.

1					
2					
3					
4	1				
5	2				
6	3				
7	3				
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TOTAL IND.	2	↓	↓	↓
TOTAL DEP.	10	←	←	←
TOTAL CLAIMS	12			

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.

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TOTAL IND.		↓	↓	↓
TOTAL DEP.		←	←	←
TOTAL CLAIMS				